MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049911

STATE FILE NUMBER

Registration District No. 318 1003 Primary Registration District No. Registrar's No. 12727

FILED JAN 6 1964

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

1
2 2159 2
3
4 1
5 0
6
7 0
8 2
9
10
11
12 86-0
13

86

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY – – –
b. CITY OR TOWN St. Louis, Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home of the Friendless
Inside Limits Yes ☒ No ☐

Length of stay in 1b: 28 years

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY – – –
c. CITY OR TOWN St. Louis
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4431 South Broadway
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Bertha Middle M. Last Rutherfurd

4. DATE OF DEATH: Month December Day 21 Year 1963

5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-16-1867
9. AGE (last birthday): 96
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): never employed
10b. KIND OF BUSINESS OR INDUSTRY: nil
11. BIRTHPLACE (City and state or country): St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Archibald S. Rutherfurd
13b. MOTHER'S MAIDEN NAME: Cornelia Shackford
14. NAME OF HUSBAND OR WIFE: never married

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service) – – –
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: Mr. N. L. Hach 4431 S. Broadway

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Terminal Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 4 Days
DUE TO (c) Senility 331

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days? ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9-1-62 to 12-21-63 and last saw her/him alive on 12/21/63
Death occurred at 7:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Hugh Haynes MD
22b. ADDRESS 3720 Washington
22c. DATE SIGNED 12/23/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 12-24-63
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine
23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR ADDRESS C. HOFFMEISTER MORTUARIES 7814 S. Broadway
25. DATE RECD. BY LOCAL REG. DEC 23 1963
26. REGISTRAR'S SIGNATURE Noah Smith M.D.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Haynes
3720 Washington
JE 3-6204

12 5

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.